

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>gh.</i>		<i>6/26/00</i>
O.I.P.E. CLASSIFIER	<i>BS</i>	<i>32</i>	<i>6/30</i>
FORMALITY REVIEW		<i>61730</i>	<i>7-10-00</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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